

Methods: A retrospective review of research presentations at the annual congresses of ASGBI from 2007 to 2010 was undertaken. Abstract books were reviewed for presentations on training and education.

Results: A total of 153 research presentations were made over the study period. Of those, there were 49 oral presentations (OP) [oral 37 (76%), E-poster of distinction 12 (24%)], and 104 poster presentations (PP). Training delivery and assessment (TDA) represented the most frequently researched area (OP=45%, PP=43%), followed by learning / development and teaching (OP=13%, PP=16%), perception and practice assessment (OP=14%, PP=19%), career choice assessment (OP=14%, PP=6%), clinical outcome assessment (OP=6%, PP=10%), and miscellaneous (OP=8%, PP=6%).

Year wise analysis revealed highest number of presentations (combined oral and poster) made in 2007 (48), followed by 2008 (37), and 2009 and 2010 (34 each).

Conclusion: Our results confirm that training reforms proved catalyst to researching surgical training in the UK. TDA remains the most frequently researched area.

0394 THE OUTCOME OF RADIOLOGICALLY INSERTED GASTRODUODENAL STENTS TO TREAT MALIGNANT GASTRIC OUTLET OBSTRUCTION

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Introduction: Malignant gastric outlet obstruction can be palliated surgically or by self-expanding metallic stent (SEMS) insertion. Our aim was to review the outcome of patients who underwent radiological SEMS insertion.

Methods: Patients were identified from a prospectively collected interventional radiological database.

Results: Between December 2000 and September 2010, 105 SEMS were inserted in 59 males and 36 females. Median age was 73 (range 39–89) years. SEMS were inserted trans-orally (n= 61) or trans-gastrically (n= 44). Site of obstruction was the stomach (n= 39), duodenum (n= 54) or gastroenterostomy (n= 12). Technical success was 86.7% overall, 83.6% for trans-oral insertion and 90.9% for trans-gastric insertion. Ten patients developed complications from stenting. Median gastric outlet obstruction severity score was 1 pre-stent insertion and 2 post-insertion. Median survival was 41.5 days (range 1–624). Median length of hospital stay was 13 days (range 1–153). Eight (8.6%) patients required repeat SEMS insertion due to tumour ingrowth.

Conclusion: The technical success rate for the insertion of palliative SEMS is high. Insertional technique can be tailored to the individual patient depending on the location of the obstructing tumour. These patients have a limited life expectancy and a very poor prognosis.

0396 IABP USAGE IMPROVES OUTCOME – MYTH OR REALITY?

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Background: An aging, co-morbid population has resulted in increased use of intra-aortic balloon pumps (IABP). Controversy remains about when these devices should be inserted and which patient groups most benefit from their use. We aim to study the experience from our institution.

Methods: Interrogation of our clinical database (PATS) identified 794 adults undergoing cardiac surgery between September 2009 and August 2010. A database of demographics, risk factors and co-morbidity was constructed and correlation with IABP-use, complications and mortality was analysed with Chi-squared and logistic regression analysis.

Results: 125 patients (15.7%) required the use of an IABP. Mortality in all patients was 3.9% and 15.2% in the IABP group ($p < 0.001$). Female gender and haemodynamic instability were associated with a worse outcome. After regression analysis, CCS-classification, number of diseased vessels, ejection fraction and Euroscore > 5 were significantly associated with the use of IABP. IABP use was not associated with an increased rate of leg wound complications ($p = 0.514$).

Conclusions: The need for an IABP device is a surrogate for poor patient status and outcome may be improved by prophylactic insertion in high risk

patients. We have not seen significant complications, however any change to practice must be cautious and supported by further studies.

0397 AN AUDIT OF ENTERAL NUTRITION AND ANTIBIOTIC ADMINISTRATION IN PATIENTS WITH ACUTE PANCREATITIS IN A DISTRICT GENERAL HOSPITAL

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Background: Evidence has shown that enteral nutrition in acute pancreatitis can attenuate the acute phase response and improve clinical disease severity. There remains no consensus view on the value of antibiotic prophylaxis.

Aim: To evaluate the mode of nutrition and the practice of antibiotic use in patients presenting with acute pancreatitis.

Methods: A retrospective case note review, of consecutive patients admitted with acute pancreatitis from January to August 2010.

Results: We identified 27 admissions. Aetiology was determined in 80% of cases. In total 18 (66.7%) patients were severity scored. The majority (n=21) were kept NBM for greater than 24 hours. The average length of stay was 6.5 days in those kept NBM for greater than 24 hours, compared with 4 days for those kept NBM for less than 24 hours. Antibiotics were administered in 2 patients with no proven source of sepsis.

Conclusion: The majority of patients diagnosed with acute pancreatitis are kept NBM. Doctors need to be aware of the benefits of enteral nutrition in these patients, to prevent gut translocation and attenuate sepsis. Length of hospital stay could also be reduced in this group. This has important ramifications in the current economic climate.

0402 SURGICAL SITE INFECTIONS IN OTORHINOLARYNGOLOGY

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Introduction: Surgical site infections (SSIs) are an important cause of health-care associated infections. The Health Protection Agency's Surveillance of Healthcare Associated Infections Report in 2008 published SSIs rates of various surgical procedures in England. Feedback on SSI rates can enable the unit to compare its rates over time and with other hospitals.

Aim: To identify the rate of SSIs at Doncaster Royal Infirmary, ENT department.

Methods: Data was collected from the ward book and the trust's computer system. All patients with a SSI from Aug 2008 to July 2009 were identified. Individual notes were studied.

Results: A total of 2441 procedures were performed. 11 patients (0.45%) had developed SSIs. Of those affected, 82% were male, 18% female, 73% were smokers, and the mean age was 44. Only 60% of the patients had any microbiology done and anti-biotics were not prescribed as per trust protocol.

Conclusion: A SSIs rate of 0.45% is low compared to national rates. The unit should be encouraged to keep up with their universal infection control measures. Medical staff will be educated regarding the trust's anti-biotics/microbiology protocol. A re-audit will be performed.

0403 DOES BREAST CANCER SURGERY HAVE A SIGNIFICANT THROMBOEMBOLIC RISK?

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Background: Studies have estimated the venous thromboembolism (VTE) risk of up to 1.1% in patients undergoing surgery for breast cancer and up to 1.5% for breast reconstruction. Current guidelines recommend use of prophylactic low molecular weight heparin (LMWH) for all patients undergoing surgery for cancer. Local policy for breast surgery is not to give prophylactic LMWH, unless a reconstruction is being performed. Our aim was to compare the rate of deep vein thrombosis (DVT) post-operatively across all surgical specialities.